Correspondence

Inexpensive and reliable haemoglobin colour scale

The development of “An inexpensive and reliable new haemoglobin colour scale for assessing anaemia” is of historic interest to elderly clinical pathologists, who, more than half a century ago, were familiar with the Tallqvist scale (now rejected even by advocates of simple medical technology for developing parts of the world). But the work of Dr Lewis and his colleagues is of real importance for the future, as they have refined and tested the simple idea of a direct colour match in such a way as to make it a potentially much more reliable test for anaemia than the Tallqvist method.

There are, however, a few points which must be considered before universal adoption of the projected WHO test. First, there is no doubt that the new technique is much cheaper than other methods of haemoglobimetry, but one notes from the current paper that validation was carried out using venous blood. This must imply that, unless the venous sample is to be used for tests additional to the exclusion of anaemia, the monetary price of a safe venepuncture must be added to the cost of a test. Furthermore, there is no mention of how much blood is to be applied; the permissible range should be stated. This point also has implications, for example in paediatric work, capillary blood is to be used, for I remember that sources of error in the Tallqvist method were obtaining too little blood from capillary sampling and dilution with tissue fluid when the part was wrongly squeezed (particularly in malnourished babies). Rapid sedimentation of the blood and the degree of dampness/dryness of the paper may also have to be considered. Also, how is the blood to be applied to the paper (rod or tube)?

Finally, Dr Lewis and his associates have gone a long way to making simple colour comparison a useful test for anaemia, but the potential, even with tiny amounts of blood, for transmission of HIV and viral hepatitis should also be borne in mind, especially if lay people are to be involved.

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Dr Lewis and colleagues comment

We appreciate Dr Goodall’s favourable comments on the WHO haemoglobin colour scale. He draws attention to important implications of the use of the scale in practice. After the laboratory based evaluation reported in the Journal, a field study was carried out, with tests on 6380 subjects in primary health clinics and blood transfusion services. In about half of these cases the tests (and the corresponding reference haemoglobin measurements) were performed on capillary blood; the clinical reliability of the scale was confirmed on both the capillary and the venous blood samples, but we are aware of the importance of instructing the users on the correct technique for capillary blood collection to avoid the errors described by Dr Goodall. With venous collection a drop of the blood can be applied to the test strip directly from the syringe or needle or from the specimen bottle by a capillary tube or rod; with capillary sampling the drop of blood from a skin puncture must be transferred onto the test strip by direct contact. Approximately 30 µl of blood are required to obtain a spread diameter of around 10 mm on the test strip; to avoid an uneven spread it is important not to use more than this amount, which is easily obtained with a simple lancet, as penetration of the skin to a depth of 2–2.5 mm will generally produce 50–60 µl of blood.1,2

It is necessary to ensure that the test strips are dry when the blood is applied. However, we have found that even when the strips have been soaked in water they can be dried before use (for example, by leaving them in a 37°C incubator) without affecting the spreading of the blood or their other properties. Workers in tropical countries will be familiar with the effects of a damp hot climate on all equipment and reagents; we advise users in these countries to keep the strips in airtight containers and to avoid exposing them unnecessarily to the atmosphere.

Finally, we are aware of the potential hazards of handling blood specimens, and users of the scale are urged to take care, as with any other clinical procedure, to operate in accordance with the established protocol of universal precautions.

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Royal College of Pathologists
Histopathology Update

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Full course details from: Professor C S Foster, Department of Cellular and Molecular Pathology, University of Liverpool, Duncan Building, Daleby Street, Liverpool L69 3GA, UK, tel 0151 706 4480; fax 0151 706 5883; email: christopher.foster@liver.ac.uk

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Further information from Dr Fenella Wojnarowska, Secretary BSSVD, Department of Dermatology, Churchill Hospital, Old Road, Headington, Oxford OX3 7LJ, UK; tel 01865 228236; fax 01865 228233.

Notices

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